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I. TITLE OF REPORT (if a fill-in report incl			ude Form No.)		2. TY	PE X	STATISTICAL	
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3. FUNCTIONAL A	REA 1	LOGISTICS		SECURITY .		OTHER (specify)		
4. NO. OF COPIES PREPARED		MEDICAL 5. FREQUENCY (we	FINANCE ckly, monthly, quar	monthly, quarterly, etc.)		6. DISTRIBUTION (No. of components not		
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7. FORMAT (memorandum, form 8. ADP computer print-out, etc) X ye						RECTIVE AUTHORITY REQUIRING REPORT		
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13. COMPLETE DET	AILED JUSTIF	CATION FOR THIS	REPORT (in addition	to directive	or authorit		d in item 9). IF KNOWN,	
INCLUDE DATE	REPORT WAS I	FIRST STARTED AND	COMPONENT WHO ESTA	BrishED SEÓN!	REMENT.			
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